

ALASKA PIONEER HOME		P&P No: 07.07
Title: Medication Acquisition		Approval: D. COTE
Key Words: Cycle fill, Local acquisition, Samples, Package inserts		
Team: Pharmacy, Nursing	Effective Date: 1/1/11	Page: 1 of 6

PURPOSE

To describe how the Alaska Pioneer Home (APH) acquires the residents' medications.

POLICY

APH Pharmacy fills medication orders for scheduled, long-term prescriptions using a monthly cycle fill procedure.

Medications are obtained through local acquisition to meet the prescribed administration schedule.

A resident's medication is personal property, and is not administered to another person.

APH staff administers medications that are labeled with information required by federal and state laws and regulations. Medication samples typically do not meet this standard.

APH Pharmacy provides patient package inserts for medications that explain the associated benefits and risks of the medication.

DEFINITIONS

PROCEDURE

I. Monthly Cycle Fill

A. Cycle fill packaging

1. Blister cards are used to package tablets and capsules for the month.

B. Cycle fill date

1. Each Home has a designated cycle fill start date.
2. The cycle fill start date is the basis for scheduling cycle fill activities.
3. The cycle fill start date for each Home is as follows:
 - a) Anchorage 7th
 - b) Palmer 14th

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- c) Juneau 21st
- d) Ketchikan 21st
- e) Sitka 21st
- f) Fairbanks 28th

C. Dispensing summary

1. Pharmacy prints a dispensing summary 14 days before the Home's cycle fill start date.
 - a) Lists each resident's medications and the quantities to be filled for that month.
2. Pharmacy staff uses the summary to fill the medications to be transported to each Home.
 - a) Pharmacy staff notes the quantity of each prepared medication on the summary as the medications are placed in the delivery tote boxes.
 - b) A copy of the dispensing summary is retained by pharmacy for two (2) months to settle discrepancies that are reported.

D. Cycle fill arrives at the Home

1. Pharmacy transports the monthly cycle fill to the Home seven days before the medications are due to start.
 - a) The Home staff is allowed time to receive, check-in, and store the cycle fill medications.
 - b) The Home staff assures quality control by:
 - (1) Assuring that the medications in the tote match the medication orders, *and*
 - (2) The information on each label agrees with the medication order.
 - (3) An APH nurse reports monthly cycle fill discrepancies to the pharmacy within 48 hours after the medications are received at the Home.

E. Cycle fill supplemental

1. A cycle fill supplemental is available for changes to the monthly cycle fill delivery.
2. The supplemental includes medications that are added to the monthly cycle fill after it has been prepared.
3. The supplement saves time by not delaying the transport of the larger cycle fill.
4. The medications orders filled for the supplemental are the same as the monthly cycle fill, but arrive at the Home three days before the start date.

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5. Pharmacy staff attempts to include any medications that were missing from the monthly fill in the supplemental.

F. Medications excluded from the cycle fill

1. Some medications are not suited for the monthly cycle fill.
2. Cycle fill is not used for certain medications:
 - a) Short term orders, such as antibiotics
 - b) Multi-dose containers, such as liquids
 - c) PRN orders, such as pain medication
 - d) Medications that do not use a blister card, such as a patch
 - e) Controlled substance medication, such as morphine or hydrocodone.
 - f) Medication with a narrow therapeutic index, such as warfarin.

G. Medications filled upon request

1. Some medications are filled upon request from a nurse.
2. Medications that are requested rather than included in the monthly cycle fill:
 - a) Eye/ear drops for PRN use
 - b) Inhalers
 - c) Tums
 - d) Nebulizer solution
 - e) PRN medications
 - f) Suppositories
 - g) Topical patches
 - h) Warfarin
 - i) Topical creams/ointments
 - j) Nasal sprays
 - k) Oral solutions
 - l) Short term antibiotic therapy
 - m) Bulk containers of medications
 - n) Multi-dose containers of medications, such as liquids
 - o) Controlled substance medications

H. Cycle fill medication returns

1. APH staff returns blister packs from the previous cycle fill if it:
 - a) Contains more than five tablets or capsules, *and*
 - b) Is in good condition.
2. Medications are returned to pharmacy within seven days if the:
 - a) Medication order is discontinued, *or*
 - b) Resident passes away.

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3. Pharmacy credits the resident depending on the billing status, insurance coverage, and other factors.

- I. Medication disposal

1. Medications are disposed on-site if outdated, damaged, or not fit for return or credit.
 - a) *Only* non-controlled substances are disposed at the Home.
 - b) *All* controlled substances are returned to the pharmacy for disposal.
2. Place the medications to be disposed in a biohazard container at the Home.
 - a) The contents are professionally destroyed as medical waste.
 - b) This is the preferred means of disposal.

II. Local Acquisition

- A. The nurse decides whether to buy the medication from a local supplier.

1. Nursing staff may purchase medications locally if there is not enough time to receive it from the APH Pharmacy to maintain the resident's prescribed schedule.
2. The nurse acquires a sufficient amount, typically two or three days, prior to receiving the medication from the APH Pharmacy.
3. The nurse promptly faxes a copy of the medication order filled by local acquisition to the pharmacy.
 - a) The nurse assures that the quantity of medication that was obtained is noted.
4. Pharmacy dispenses the balance of medication to the Home that was prescribed for the resident.
5. Pharmacy may contact the nurse to advise the continuation of local acquisition, due to special order procedures.

- B. Local acquisition of non-formulary medication

1. When a prescriber orders a medication not listed in the APH Pharmacy formulary,
 - a) Pharmacy staff sends a letter to the nursing staff, to be sent to the prescriber, requesting substitution.
 - b) The APH nurse requests the prescriber's authorization to substitute a formulary medication.
 - c) When a comparable formulary medication is available and the prescriber does not agree to the substitution, the resident can purchase the medication locally.

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- d) Pharmacy may special order the non-formulary medication if the prescriber indicates:
 - (1) That the non-formulary is medically necessary, *and*
 - (2) The reason why the non-formulary is more appropriate than the formulary medication for the resident's indication.

C. Payment to the local supplier

- 1. APH staff advises the resident that payment for the non-formulary medication is the resident's responsibility.

D. Home desk procedure for local acquisition

- 1. Each Home has a detailed desk procedure about local acquisition that gives direction to the Home's staff.

III. Medications are for Intended Resident

- A.** APH staff assures that medication is administered to only the resident for whom the medication order is written.

IV. Medication Samples

A. APH staff assures that:

- 1. Medication administered to a resident is ordered by a health professional qualified to prescribe under state and federal law, *and*
- 2. Medication labels contain the required information.
 - a) Medication samples do not meet the labeling standard and are *not* administered by APH staff.

V. Patient Package Inserts (PPI)

A. PPI are available from the APH Pharmacy.

- 1. PPI provide medication information from the manufacturer.
- 2. PPI are written in easy-to-understand language.
- 3. Pharmacy staff sends a copy of the PPI to the resident upon request.
- 4. APH staff assures compliance with federal and state law by giving the PPI to the resident who requested it.

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HISTORY OF REVISIONS

New:
Revised: 1/1/11.
Reviewed:

ATTACHMENTS